Information Exchange Workgroup
Draft Transcript
April 15, 2011

Presentation

Judy Sparrow – Office of the National Coordinator – Executive Director
Good afternoon, everybody and welcome to the Information Exchange Workgroup. This is a Federal Advisory call, so there will be opportunity at the end of the call for the public to make comment. Workgroup members, please remember to identify yourselves when speaking.

Let me do a quick roll call. David Lansky?

David Lansky – Pacific Business Group on Health – President & CEO
Here.

Judy Sparrow – Office of the National Coordinator – Executive Director
Micky Tripathi? Micky might be joining late. He's en route. Peter DeVault?

Peter DeVault – Epic Systems – Project Manager
Here.

Judy Sparrow – Office of the National Coordinator – Executive Director
Connie Delaney? Gayle Harrell? Deven McGraw? David, she's joining around 2:30. Charles Kennedy? Paul Egerman? Jim Golden? Dave Goetz? Jonah Frohlich? George Hripcsak? Seth Foldy?

Seth Foldy – Wisconsin – State Health Officer
Here.

Judy Sparrow – Office of the National Coordinator – Executive Director
Jim Buehler? Walter Suarez? David Ross? Hunt Blair? George Oestreich? Kory Mertz?

Kory Mertz – NCSL – Policy Associate
Here.

Judy Sparrow – Office of the National Coordinator – Executive Director
Tim Andrews?

Tim Andrews
Here.

Judy Sparrow – Office of the National Coordinator – Executive Director
Did I leave anyone off? David, back to you.

David Lansky – Pacific Business Group on Health – President & CEO
Maybe we should go out for drinks.

Judy Sparrow – Office of the National Coordinator – Executive Director
Yes, exactly.

David Lansky – Pacific Business Group on Health – President & CEO
So it sounds like we have Peter, Tim and Seth, and Kory, of course, and we expect Micky and Deven. Honestly, I don't think we have really the critical mass we need to try to get to something we can say is a

recommendation from the workgroup on these topics. I don't know, Kory, if you have an opinion about how best to proceed given our small numbers today.

Kory Mertz – NCSL – Policy Associate
Well, that's a good question. I don't know if once Deven and Micky join we'll be, I mean, I think we're in a little better shape at that point.

David Lansky – Pacific Business Group on Health – President & CEO
Yes, a little bit, although I think our burden now is we're trying to get the final recommendations both on the letter and the additional items that we can say represents the work sent to this group. At this point, we may be better off asking for written comments on the letter, and I don't know when our next scheduled call—

Judy Sparrow – Office of the National Coordinator – Executive Director
Yes, maybe you can do it via e-mail. Our next call is on the 28th, so we can certainly bring the public up to speed at that point, if you wish.

David Lansky – Pacific Business Group on Health – President & CEO
Yes, that's my inclination, unless we've got a sudden rash of callers today.

Judy Sparrow – Office of the National Coordinator – Executive Director
Right. Friday afternoon is not easy.

David Lansky – Pacific Business Group on Health – President & CEO
No, I understand. Everyone's been on plenty of calls and meetings lately. They have to go to their day job now and then. I hate to abandon ship without Micky having been part of that decision, but that's my inclination at the moment, unless, Kory, you feel otherwise.

Kory Mertz – NCSL – Policy Associate
If there's anything we feel comfortable going ahead with, it would be good. But I certainly understand the sentiment that we don't really have enough people on.

David Lansky – Pacific Business Group on Health – President & CEO
Let me ask other members of the committee if they have another thought of how we can make progress on these topics with the small group we have.

Peter DeVault – Epic Systems – Project Manager
I'd be happy to comment in writing and e-mail. I think that might be productive.

Jonah Frohlich – HIT at California HHS Agency – Deputy Secretary
Yes, I'm the same way.

David Lansky – Pacific Business Group on Health – President & CEO
Hi, Jonah. I didn't hear you were on. All right, well I hear something like a consensus. Maybe Micky and I can work on putting out a fairly structured—or, Kory, you and I can work on a structured request for input so we don't just get miscellaneous. And try to consolidate that into a revised letter that we can circulate for comment before the 28th, so that on the 28th hopefully everyone would have had two chances to weigh in.

Kory Mertz – NCSL – Policy Associate
I guess the one that just worries me some is the performer test. I feel like that's going to be a big conversation.

David Lansky – Pacific Business Group on Health – President & CEO

Yes, I agree with you. I was actually thinking about this call wishing that we had had a couple of straw man proposals on the table to talk about rather than a blank piece of paper, and maybe that's something we can do. All right, any other thoughts about how to proceed today absent a larger quorum?

Kory Mertz – NCSL – Policy Associate
Can we spend the time doing that, David, coming up with the straw man proposals to then send out to the group and have that already teed up for conversation on the 28th?

David Lansky – Pacific Business Group on Health – President & CEO
I'm game if people at least take a few minutes to try and make a little headway on that. So if we want to do that for a couple of minutes to see if there's anything that we could use, in the interim we could take whatever comments we have today and try to package them up for further discussion.

So that's on slide five of the slide deck, is the brief discussion of it, which obviously is very brief. That's actually the general agreement that the sentiment we expressed, I think Walter articulated it on our last call, that the performance test of HIE was not very profound and it would be better to make sure that the meaningful use requirements themselves indicated successful performance of that interoperable data exchange. But then we are now on the hook for coming up with either modification to the existing objectives, like on the clinical summaries exchange, or coming up with some new instances that would demonstrate meaningful HIE exchange. I think one thought that surfaced a while ago was having a test platform that would demonstrate the bidirectionality of it. The alternative is to have obviously a field environment in which people are actively doing exchange with partners and whether we have a way of describing that broadly enough for areas where there's not a strong HIE capability in the immediate trading partner environment.

Does anyone have thoughts about either of those approaches, either a more robust test bed—?

Tim Andrews
I'll chime in for a minute. I'm not sure I'm familiar with the last discussion because I missed the last call, so I may be out of date here, but I would certainly say it seems more logical to me just because of ... to have an independent platform that people test against. Although your stuff's logical, the problem is that I'm not sure how comfortable people are with suggesting that because it requires implementing it through the Standards Committee and saying you have to do this kind of thing through that kind of platform, which they haven't been real comfortable with certainly in stage one. I don't know if that's been discussed. That would certainly be my starting point would be ... it would be a lot better if there was a single place at NIST or somebody that here's the platform, you have to comply and ... platform ... bidirectionally .... I don't know if that's unreasonable given the tenor of the way things have been done and because it requires for everybody to do that, so it requires the platform to be set up. I think that's not so hard, ... validation and that kind of stuff.

The question is whether you feel comfortable with making that a requirement. Up until now it's been sort of well, if you can exchange with the people in your community that's fine and there isn't really that much restriction. There are a number of different ways you can go about that. So either NIST would have to have a panoply of potential connectivity mechanisms and exchange mechanisms, or we would be constraining people quite a bit. Now, frankly, I would probably be in favor of that, but that's just my opinion.

David Lansky – Pacific Business Group on Health – President & CEO
Thanks, Tim. I feel the same way you do, but I don't have any of the technical expertise you do, so more of a policy feeling that that's realistic. Also, as I reread the second letter I wondered whether some of these things which we're saying in a very bland, generic way in the letter could be operationalized against a test platform so they would be more specific. You could have some dummy patients or dummy use cases that would force demonstration of capability that would instantiate some of these outcomes that we're talking about in the letter as a way of expressing the tested HIE against the platform.

I guess if there are two scenarios, we should either put them both out or resolve it. One is what you described, Tim, which is some kind of test platform that is robust enough to show the functionality we're concerned about. The second alternative is more of a community based attestation or demonstration of capability, and then we have to deal with the variability and what the communities have available.

Jonah Frohlich – HIT at California HHS Agency – Deputy Secretary
If it was a standardized test bed why not just have it be a certification requirement for the software as opposed to something that every implementation of it has to go through.

David Lansky – Pacific Business Group on Health – President & CEO
I think the issue would be sort of a content issue, whether the data—if we're drifting toward more of an outcomes standard is there a difference between what is— I'm not opposed to that idea, but a difference between what the certification process does absent live data. Versus what the test bed would do with simulated live data in terms of, say, MEDREC or generating patient summaries or other things, or receiving patient summaries reliably. I don't know.

Tim Andrews
Yes, it's a good point. There are two points. If we were to say there's a test platform then you could talk about certification of products that way. However, in all the products we certify there's a difference between certification of an underlying standard and certification of interoperability. It sort of depends upon what our goal is. It's complicated, so I don't have a great answer for it. David made the point sort of different ... data, so it does get complicated because that means the test platform has to be reasonable. It has to be real test codes through just a couple of dummy pieces of data that don't really exercise all the different strange things that people do in real life.

Jonah Frohlich – HIT at California HHS Agency – Deputy Secretary
Actually, I'm not sure that would be real data in either case.

Tim Andrews
It doesn't have to be real in the sense that it's actual PHI. But the difference between being able to say, for instance, I can pass the T32 validations as a vendor, which means I can run a T32 and ... and let's say it's a real T32 and being able to send a summary of care in a T32 format to somebody else, it's a gray area. At one level, you can say, wow, I can do it, hey, I can do it. At another level, you can say well, you can do one particular version doing one particular thing at some abstract level so that you can put stuff in the right buckets. But it's much more robust when you actually do this in real scenarios . The question is—

Jonah Frohlich – HIT at California HHS Agency – Deputy Secretary
But whenever we've gone through certification with CCHIT, they always give us the data that they want to appear. I have to imagine that wouldn't be the case whether we were talking product certification or certification that a healthcare organization could actually pass the right data.

Tim Andrews
Yes, so maybe that would work. I'm not opposed to it. I haven't really talked ....

David Lansky – Pacific Business Group on Health – President & CEO
Jonah, did you have a comment on this?

Jonah Frohlich – HIT at California HHS Agency – Deputy Secretary
Yes, and of unfortunately I'm going to have to drop off after this, but we went out to the California Healthcare Foundation and we developed a test bed that was used to test lab result messages. There was a series of test messages that both the EHR and the lab vendors could test against to validate conformance with the standard and it was used both for live implementations and not require that for every test the vendor on either side had to connect directly to the final destination or the originating destination for the test conformance. So basically a lab for some really shrinkage in the time it took to test. Ultimately, obviously the vendors had to make sure that they were doing live tests in order to meet

CLIA requirements and interoperate with other things, but it really did help shorten the time to some extent of each implementation and it was ultimately used for our original CCHIT certification criteria.

So I think it's a good concept to think about how something like a test bed could be used both for certification and for live implementation, especially if what we're trying to do from a policy perspective is align the certification requirements with what's actually being done out in the field. We want the extension centers and the HIE grantees and the Beacons and ACOs going forward to all be programming and using the same language and the same standards. I would see this being beneficial potentially both on the certification and for live implementations.

David Lansky – Pacific Business Group on Health – President & CEO
Thanks, Jonah. That's a good suggestion, kind of a hybrid.

Tim Andrews
Yes, it makes sense. The question is whether it's just sort of practical now that if you think about it at the next level. Again, either you constrain it a lot and you say, okay, there are these x number of cases and you have to do all of them or some number of them, or you have to have a lot of capabilities at the test platform level. Because right now the performance test is pretty broad, almost any kind of entity ... lots of different kinds of information using lots of different kinds of mechanisms. But you can try and say, well, okay, then we'll just have something that reflects that. That may be unwieldy and impractical. I'm just not sure.

David Lansky – Pacific Business Group on Health – President & CEO
I think one could go through even a stage two full meaningful use proposal—and there was quite a bit of discussion of it this week at the HIT Policy Committee meeting as well—and flag all the elements. Which would invoke some kind of data exchange and have the test bed stand up the mechanism to centrally test or demonstrate that you were able to do that with some small set of dummy cases. That would be kind of useful I think to be able to do that so that meaningful use itself would be mapped against a technical framework that leaves us to decide some of the policy issues that are surrounding it. But in a policy neutral context, it would give you a chance to test the technical interoperability. For example, we have this thing we've struggled with on this committee about the lab reporting and the lack of uniform national infrastructure around lab reporting and alerting. If we had the test bed to support that every installed meaningful user could have demonstrated they were able to do it and then as the lab infrastructure comes on line it's conformant to that same set of standards. At a policy level, it seems attractive to me to try to get the user environment capable of doing all of this stuff even if we don't have all the connectivity and receptor sites that we wish for.

Tim Andrews
It makes sense to me.

David Lansky – Pacific Business Group on Health – President & CEO
Any other thoughts about how to tackle this particular challenge? It sounds like we lost Jonah. Kory, maybe you and I can take this conversation so far and try to formalize it enough for further e-mail discussion at least.

Kory Mertz – NCSL – Policy Associate
Okay.

David Lansky – Pacific Business Group on Health – President & CEO
That's helpful. All right, any other burning issues people want to try to take up today with our small committee? All right, hearing none, I will adjourn us, unless, Judy, I don't know if we need public comment on an aborted call.

Judy Sparrow – Office of the National Coordinator – Executive Director
Yes, let's just see if anybody's there listening and wishes to make one. Operator, can you just check, please?

Operator
We have one comment from Jim Hansen.

Judy Sparrow – Office of the National Coordinator – Executive Director
Could you say your name again, please?

Jim Hansen – Dossia Consortium – Vice President and Executive Director
Jim Hansen, Dossia Consortium. I just wanted to make a quick comment on the revised letter. In terms of it being genericized to have various media and different options, I just would like to suggest to the group that it would be of the patient's choice, that it's not just USB. If there is a portal, they have that that's one of the options that's offered and that it not be necessarily the provider side option.

Also, I think the secure e-mail description, I'd like to suggest that there's a specific use of the direct mechanism to make that suggestion. Even though some would consider that secure messaging, I think utilizing that mechanism as an HIE component is very important. I think it's very important for areas that are rural and maybe not have a lot of statewide or regional connectivity. It's still HIE and I would suggest that that be more explicitly communicated in the letter.

David Lansky – Pacific Business Group on Health – President & CEO
Thanks, Jim. That's helpful.

Judy Sparrow – Office of the National Coordinator – Executive Director
Thank you. Any other comments from the public? Okay, thank you, everybody. Thank you ...

David Lansky – Pacific Business Group on Health – President & CEO
Thanks, everyone. Bye.